



**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Name: \_\_\_\_\_

Hours Desired: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

May we inquire of your present employer or past employers?  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Have you applied here before? \_\_\_\_\_

Employment Position Desired: \_\_\_\_\_

If so, when? \_\_\_\_\_

**EDUCATION:**

High School: _____	Location: _____	Degree: _____
Junior College: _____	Location: _____	Degree: _____
Vocational Schools: _____	Location: _____	Degree: _____
Colleges or Universities: _____	Location: _____	Degree: _____
Post Graduate Schools: _____	Location: _____	Degree: _____

**FORMER EMPLOYERS:**

Dates-Month/Year	Name	Salary	Position	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES:** Please list three persons, not related to you and whom you have known for at least one year.

Name	City/State	Daytime Phone #	Years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HISTORY INFORMATION:**

- |   |     |    |
|---|-----|----|
| 1. Have you ever been convicted of a specific felony?   | YES | NO |
| 2. Are you eligible to work in the United States?   | YES | NO |
| 3. Do you have any commitments at home or elsewhere that will take you away from work?  | YES | NO |
| 4. If yes, please explain _____   |     |    |
| 5. Can you refrain from smoking during working hours?   | YES | NO |
| 6. Will hours of this job impose any hardships? (Night school, Daycare, 2 <sup>nd</sup> job, etc.)  | YES | NO |
| 7. If applying for a full time position, are you at least 16 years of age?  | YES | NO |
| 8. Do you have reliable transportation to all offices and outside meetings or continuing education?   | YES | NO |
| 9. Will travel distances impose any hardships? (Commute time, bad weather, traffic, etc.)   | YES | NO |
| 10. Do you have any experience working with a computer?   | YES | NO |
| 11. Is there any additional relative information that will enable the doctor to currently check on your work experience, education records and credit history?<br>If yes, please indicate _____ | YES | NO |

